

Review of: "The Patient Lived-Experience of Ventral Capsulotomy for Obsessive-Compulsive Disorder: An Interpretive Phenomenological Analysis of Neuroablative Psychiatric Neurosurgery"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

This is a manuscript presenting the interpretive phenomenological analysis of 7 interviewed patients, ranging 28-51 years old, regarding their subjective experience from baseline obsessive-compulsive disorder to post-surgical obsessive-compulsive disorder.

It is argued by the authors that no study to date has explored the post-surgical subjective experience of patients. It should be noted that semi-quantitative measures such as the Yale-Brown Obsessive Compulsive Score (YBOCS) are built to assess the subjective experience of patients and are used to present them in readily understood formats. To suggest this manuscript is the first to assess the patient experience is misleading—the YBOCS is built to do this and present the information in a useful manner.

However, this manuscript does avoid the distillation of abstract concepts into YBOCS values and renders a rawer description of the patient experience. For the primarily academic population this may be a rare insight into the conversations which tend to occur within the safety of the patient-physician relationship.

This is perhaps the first manuscript to take an extremely subjective approach to the post-surgical patient experience. The issue with this is almost all impact upon clinical decision making is lost given the lack of generalizability due to the underlying methodology. Overall, generalizability is inhibited by the qualitative, underpowered, and non-standardized nature of the study. However, this paper represents a genuine exploration of the patient experience for the sake of interest, not clinical utility. Readers must be aware of that distinction.

Mechanically, the presentation of the results is limited by their subjective nature. In attempting to develop more holistic understanding of the patient perspective by avoiding the loss of information that comes with semi-quantitative methods such as the YBOCS, the authors have a situation wherein they cannot convey this detailed information in a manner amenable to the format of the results section. It is hard to know what to make of the presented results as the raw data cannot be presented in a raw manner; thus, the results are the author's opinions of what arose from the interviews with quotations to support these opinions. Ultimately, readers cannot form their own opinions of well-presented raw data. While the manuscript was framed to offer deeper insight into the patient experience, it feels the manuscript-based format was unable to convey the appropriate depth of information.

Perhaps part of the difficulty in preserving the detailed depth of information in the manuscript was the general nature of the interviews, being sweeping discussion from baseline experience to post-surgical experience. I do wonder if this would have been more insightful if utilized to delve into one area of specific interest guided by this initial interview. For example,

why some patients might report post-surgical satisfaction despite poor objective response or vice-versa. Further, despite this approach being grounded in such qualitative methodology, it could perhaps yield clinically useful information.

Such clinically useful information could be the understanding of how employment of this interviewing style may be used to bring the patient-physician understanding of post-operative response into cohesion. For example, a patient could be interviewed by his or her practitioner to identify subjective function post-intervention and be reoriented to the improvement in YBOCS score which may highlight these improvements. This could represent a useful way of helping patients understand their function from a physician's perspective and vice-versa, potentially improving overall satisfaction with function in a manner reminiscent of cognitive behavioural therapy. This change in patient-physician cohesion could be semi-quantified into a 1-10 scale and agreement between pre- and post-interview scores could be reported, potentially demonstrating that these interviewing techniques can help patients and physicians agree on how a patient is functioning.

Overall, this is an interesting manuscript which has utility in making public the patient experience, something that is often only known to a patient's immediate care providers but cannot be used to guide clinical work. This is beneficial for helping orient researchers not directly involved in patient care to the needs of the patient. It does have some difficulty in adapting the extensive data of hour-long interviews into a non-biased format for presentation in results, but that is okay. This is not meant to be a cold and unbiased look into the patient experience, it is meant to be highly subjective, and the paper cannot be faulted for that.